

**INLAND COUNTIES EMERGENCY MEDICAL AGENCY**

Serving San Bernardino, Inyo, and Mono Counties

**515 N ARROWHEAD AVENUE****SAN BERNARDINO, CA 92415-0060****909-388-5823 FAX: 909-388-5825****SUPPLEMENTAL CE FORM**

Name : \_\_\_\_\_

Cert. #: \_\_\_\_\_

Course Title	Provider Name	CE Provider #	Date	Hours

*I hereby certify under penalty of perjury that I have read and understand the requirements for certification as an EMT-I, and am eligible for such certification in accordance with Sections 100057-100086, not consecutive, of Title 22, Division 9, Chapter 2 of the California Administrative Code I also declare that I have successfully passed the final certifying examination after successful completion of all components of the course. I understand that any fraudulent entry on this application may be considered cause for denial or subsequent revocation of my certification without the opportunity of appeal and I hereby authorize ICEMA and/or its affiliates and/or any one or more of the Inland Counties' Health Departments, permission to verify any and all information contained herein.*

*I also hereby authorize verification of any and all information contained herein and authorize release of any and all information as deemed relevant to my certification process to my employer. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above.*

\_\_\_\_\_  
Signature/Date

EMT-I CE SUPPLEMENTAL 081006